

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 088821

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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46						
47						
48						
49						
TOTAL IND.	2					
TOTAL DEP.	1					
TOTAL CLAIMS	3					

PTO-1080 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. U.S. GOVERNMENT PRINTING OFFICE: 1978 50-1300-1000

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS